| Effective October 1, 2003 | | | | | | | | 107 500386 | | | | |
|---|--|--------------------|--------------------------------------|--------------------|------------------|----------|----------|------------------------|-------|---------------------|------------------------|--|
| : CLAIMS AS FILED • PART I (Column 1) (Column 2) | | | | | | | MALL E | | OF | OTHER | | |
| TOTAL CLAIMS | | | | | | 1 | RATE | FEE |] | RATE | FEE | |
| FOR· | | AUMBER FILED | | MUMBER EXTRA | | | BASIC FE | 440 | ᄋᅙ | BASIC FEE | | |
| TOTAL CHARGEABLE CLAIMS | | 8 minus 202 | | | | , | X\$ 9= | | DR | XS16* | | |
| INDEPENDENT CLAIMS | | <i>j</i> manus 3 ≈ | | | | 1 | X43° | 1 | OR | X86= | | |
| MULTIPLE DEPENDEN | resent . | | • | : 0 | | -14S= | 1 | OR | -290a | | | |
| . If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | olumn 2 | ٠L | TOTAL | 460 | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II OTHER THAI | | | | | | | | | | | | |
| 4 RE | MADENG AFTER | | HEGHE HEAME PREVIO PAID F | ESY XER USLY | PRESENT EXTRA | | RATE | ADOI- TIONAL FEE | | RATE. | ADDI- TIONAL FEE | |
| Tiptal . | ENOMENT | Minus | | | • | | XS 9= | | ОЯ | X\$18= | | |
| tndependent . | . / | Minus | | 3_ | • — | | X439 | · | ОЯ | ж86- | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | ·x45- | | OR | >290= | • | |
| • | • | · | | • | | 7 | YOYAL | | OR | YOYAL ACOIT, FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| = H1-0G | MAINING MAINING AFTER ENDMENT | | PREVIO | JER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDII TIONAL FEE | |
| Total . | 16 | Minus | = . 7 | 20 | • - ' | lΓ | x3/2-/ | | OR | X\$18= | | |
| Incependent • | 2 | Minus | / | 3_ | • | ╽┠ | X49- | | OR: | X86- | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT.CLAIM | | | | | | 1 | +145= | | OR | +290= | · | |
| • | • | | • | | • | <i>L</i> | TOTAL | 7. | | YOYAL ADDIT, PEP | | |
| 5-5-06 (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| U PE | LAMS MARING UTTER NOMENT | | HIGHE NEAMB PREVIOUS PAID F | ST ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total • | | Minus. | . . 2 | | • • • | | X\$ 9= | | 68 | X\$18= | | |
| Independent • | 5 | Minus | *** | 3 . | • ⊋ | ╽┠ | X43= | 200 | OR | X86°. | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | +290= | | |
| | | | | | | | | | | | | |
| The Highest Number Previously Paid For' NOTHS SPACE is less than \$5, enter '20." Apply, FEEOR Apply, FEE | | | | | | | | | | | | |

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